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FACSIMILE COVER SHEET

THIS MESSAGE HAS FIVE (5) PAGES INCLUDING THIS SHEET

TO: Commissioner for Patents – U.S. Patent and Trademark Office

FAX NO.: (571) 273-8300

FROM: Raymond R. Moser, Jr.

DATE: October 1, 2007

MATTER: PATENT NO.: 6,808,514 ISSUED: 10/26/2004
SERIAL NO.: 09/981372 FILED: 10/17/2001

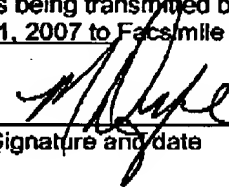
INVENTORS: Patricia G. Schneider & Robert M. Schneider

ATTORNEY DOCKET NO.: MED003

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, Alexandria, VA 22313-1450 on October 1, 2007 to Facsimile No. (571) 273-8300.

Melody A. Dye
Name


Signature and date

10/01/2007

OCT 01 2007

PATENT
SER NO. 09/981,372
ATTY DOCKET NO.: MED003**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Schneider, et al.

Examiner: Nguyen

Serial No.: 09/981,372

Group Art Unit: 3763

Filed: 10/17/2001

Docket: MED003

Title: EMERGENCY MEDICAL DISPENSING CARD

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

The undersigned hereby certifies that this paper is being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. 571-278-8800 on this the 1st day of October, 2007.

October 1, 2007

Date

Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**NOTIFICATION OF POWER OF ATTORNEY AND
CORRESPONDENCE ADDRESS CHANGE**

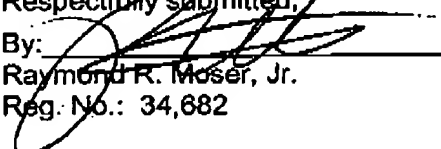
Dear Sir:

The Applicants hereby submit a Power of Attorney and Correspondence Address Change Form PTO/SB/80 along with the required Statement Under 37 CFR §3.73(b). Accordingly, the Applicants request that the Power of Attorney and Correspondence Address Change be entered. No fees are believed due in connection with this filing, however, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3562, as necessary in order to make this submission acceptable.

If the Commissioner believes there to be unresolved issues in connection with this submission, the Applicants request that the Commissioner contact Mr. Raymond M. Moser at (732) 935-7100 so that appropriate arrangements can be made for resolving such issues as expeditiously as possible.

Date: 10/01/2007

Respectfully submitted,

By: 
Raymond R. Moser, Jr.
Reg. No.: 34,682

MOSER IP LAW GROUP
1040 Broad Street - 2nd Floor
Shrewsbury, NJ 07702
732-935-7100

PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031

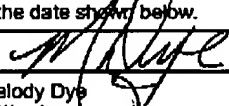
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/981,372	RECEIVED CENTRAL FAX CENTER OCT 01 2007
	Filing Date	10/17/2001	
	First Named Inventor	Schneider	
	Art Unit	3763	
	Examiner Name	Nguyen	
Total Number of Pages in This Submission	4	Attorney Docket Number	MED003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) Notification of Power of Attorney and Correspondence Address Change Facsimile Transmission Sheet
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser IP Law Group		
Signature			
Printed Name	Raymond R. Moser Jr.		
Date	October 1, 2007	Reg. No.	34,682

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Melody Dye	Date	October 1, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fax 732-935-7122

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OCT 01 2007

Docketed
SEP 17 2007
R/S

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/981,372
Filing Date	10/17/2007
First Named Inventor	SCHNEIDER
Art Unit	3763
Examiner Name	NGUYEN
Attorney Docket Number	MED903

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 12/31/2008, OMB 0591-0005
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

54896

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

54896

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

SEPTEMBER 2007

Telephone

(518) 589-0147

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of ONE (1) forms are submitted.

This collection of information is required by 37 CFR 1.58. This information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fax 732-735-7122

PTO/SB/02 (01-05)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/061,372
	Filing Date	10/17/2001
	First Named Inventor	SCHNEIDER
	Art Unit	3763
	Examiner Name	NGUYEN
	Attorney Docket Number	MED003

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

64698

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

64698

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Robert W. Schneider

Date

SEPTEMBER 17, 2007

Telephone

(518) 589-0147

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, one below.

☒ Total of ONE (1) form are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22315-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22315-1480.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.